

EBOLA CONTACT MONITORING FORM

Local Health Jurisdiction:

Contact IDs	LHJ_ID:	DOH_ID:	CDC_ID:
Name	Last:	First:	Middle initial:
	DOB ____ / ____ / ____	Sex: _____	Age: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
Local Address	Street: _____ Apt: _____ City: _____ State: _____ Zip: _____ County: _____		
Permanent address			
Work/School	Occupation & employer/school: _____		
Responsible person	<input type="checkbox"/> Self <input type="checkbox"/> Other (give name and relationship): _____		
Phone (get several)	Home: _____	Cell: _____	Friend/family: _____
Contact relation to source	<input type="checkbox"/> Household <input type="checkbox"/> Family, non-household <input type="checkbox"/> Co-Worker <input type="checkbox"/> Lab worker <input type="checkbox"/> Friend <input type="checkbox"/> Healthcare or aid worker <input type="checkbox"/> Other: _____		
Healthcare provider visits	Name: _____ Phone: _____ Dates of visit: _____ Location: _____ Infection control notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pertinent health history, Exposure notes			
Exposure location	Country: _____ if known: Town: _____ District: _____ Setting: <input type="checkbox"/> Household <input type="checkbox"/> Healthcare facility: _____ <input type="checkbox"/> Church <input type="checkbox"/> Burial <input type="checkbox"/> Travel: _____ <input type="checkbox"/> Work <input type="checkbox"/> School/child care <input type="checkbox"/> Lab worker <input type="checkbox"/> Other: _____		
Exposure dates	Earliest: ____ / ____ / ____ Last: ____ / ____ / ____		
Nature of exposure (check all that apply)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Blood or body fluid exp. <input type="checkbox"/> used PPE <input type="checkbox"/> Laboratory work for patient <input type="checkbox"/> used PPE <input type="checkbox"/> Direct patient care <input type="checkbox"/> used PPE <input type="checkbox"/> Touched a dead body <input type="checkbox"/> used PPE <input type="checkbox"/> Lived with and cared for patient <input type="checkbox"/> Coworker in US facility became ill </div> <div style="width: 50%;"> <input type="checkbox"/> Close contact (3 ft) with case <input type="checkbox"/> used PPE <input type="checkbox"/> Residence or travel only <input type="checkbox"/> Brief contact or brief proximity with a patient <input type="checkbox"/> Passenger on flight or transport <input type="checkbox"/> Other: _____ </div> </div>		
Exposure type	<input type="checkbox"/> High risk <input type="checkbox"/> Some risk <input type="checkbox"/> Low risk <input type="checkbox"/> No known exposure		
Disposition	<input type="checkbox"/> Home monitoring <input type="checkbox"/> Other: _____		
Method	<input type="checkbox"/> Daily visit <input type="checkbox"/> Daily call <input type="checkbox"/> Self-report daily via: phone/text/email/other: _____		
PH Action	Discussed: <input type="checkbox"/> Monitoring <input type="checkbox"/> Work/school <input type="checkbox"/> Travel plans/restrictions <input type="checkbox"/> Pets		
Symptom watch	Start date (day ____): ____ / ____ / ____ End date (day 21): ____ / ____ / ____		

Instructions for conditional release (self-monitor) or public health monitoring:

Arrange for the person to self-monitor and report daily (phone, text, email, etc.) or schedule times to call or visit the residence. Temperature checks should be at least 6 hours apart. On the recording sheet cross off any days that have already passed and fill in the first day of monitoring. Persons under controlled movement should be told not use any commercial conveyance and to check in if they are planning any other travel. They should also avoid household pets. Have available in the car for every visit: telephone number to report if person is ill; also gloves, fluid resistant or impermeable gown, shoe covers and/or booties, face shield, face mask, N95 mask, spray bottle of disinfectant (e.g., household bleach at fresh 10% concentration [1 part in 10]), and several bags for biohazard disposal. At the visit, ask about any fever or pain medication (e.g. aspirin or Tylenol). Note if the person had a recent influenza vaccination. Ask about reported and planned activities.

Ebola Nature of Exposure Screening Questions

In the **last 21 days** did you have any of the following exposures?

Y N

- ☐ ☐ Contact with fluids from an Ebola case (circle all that apply: needlestick, fluid splashed face, fluid on skin)
If yes, what body fluid(s) (circle all that apply)? Feces/diarrhea, vomit, urine, saliva, sweat, sexual fluid
If yes, what personal protective equipment did you use?
High risk if needlestick, direct splash, skin contact, or no PPE; Some risk if used appropriate PPE
- ☐ ☐ Did laboratory work on blood or other body fluids of an Ebola patient
If yes, what personal protective equipment or biosafety precautions did you use?
High risk if no PPE; Some risk if used appropriate PPE
- ☐ ☐ Touched any dead body in Liberia, Sierra Leone, or Guinea without PPE *High risk*
- ☐ ☐ Lived with and cared for anybody with Ebola symptoms (feeding, cleaning, helping to toilet) *High risk*
- ☐ ☐ Coworker in same US facility unexpectedly sick with Ebola *High risk*
- ☐ ☐ Provided direct care to anybody with Ebola symptoms in a health care setting (including health care, feeding, cleaning, helping to toilet, patient transport)
If yes, what country?
If yes, what personal protective equipment did you use?
High risk if no PPE; If used PPE Some risk in high transmission country, Low risk in other countries
- ☐ ☐ Was in the same room (within 1 meter or 3 feet) of a person with Ebola symptoms (home, hospital, etc.)
If yes, how long were you in the room?
If yes, what personal protective equipment did you use?
Some risk if no PPE and prolonged time or if in high transmission county and used appropriate PPE
- ☐ ☐ Had direct contact with a person with Ebola symptoms in Liberia, Sierra Leone, or Guinea
If yes, what was the contact?
If yes, what personal protective equipment did you use?
Low risk if only brief contact or brief proximity; Some risk if patient care even with appropriate PPE
- ☐ ☐ Traveled or lived in Liberia, Sierra Leone, or Guinea
Low risk if no known exposures
- ☐ ☐ Briefly touched a person with Ebola symptoms while the person was in the early stage of disease
Low risk if brief contact even without PPE
- ☐ ☐ Had brief proximity, such as briefly in the room, with a person symptomatic with Ebola *Low risk*
- ☐ ☐ Was a passenger on a flight or shared other transport (bus, taxi, car) with a person with Ebola *Low risk*
- ☐ ☐ Were interviewed as part of an investigation for a person with Ebola *Get details of investigation*

If yes to any of the above questions, contact Office of Communicable Disease Epidemiology immediately at 206-418-5500 or 877-539-4344.

ID: _____ Name of person: _____

Address: _____

Telephone: _____ Risk level: ☐ High risk ☐ Some risk ☐ Low risk ☐ No known exposure

Instructions for home visits:

- 1) Have available appropriate equipment (gloves and disposal bags in your pocket, other equipment in your car).
- 2) Telephone and ask if the person is feeling well. If the person cannot be reached, contact your supervisor.
- 3) If the person is ill when telephoned, ask for a temperature reading. Contact your supervisor. DO NOT enter the residence.
- 4) If the person is well, go to the residence. Avoid physical contact with the person while in the residence.
- 5) Visually confirm a temperature reading without touching the thermometer. Ask about presence or absence of each symptom. Ask about alternative explanations (e.g., allergic sore throat) and about fever medication (e.g., aspirin, Tylenol). If fever is > 100.4 F (38 C) or if any symptoms are present, leave and contact your supervisor.
- 6) Confirm the date and time of the next visit to the residence.

		Enter morning and afternoon temperatures. Enter Y, N, or U for any symptoms.									Check Monitoring Method I = In Person E = Email T = Text P = Phone				
Date	Day	Temp AM	Temp PM	Malaise	Muscle Pain	Headache	Vomiting	Diarrhea	Rash	Fever/Pain Reducers	I	E	T	P	Initial
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
	12														
	13														
	14														
	15														
	16														
	17														
	18														
	19														
	21														

Initials	Signature	Initials	Signature

ID: _____

Name of person: _____

Monitoring Activity Log

Encounter	Date/Time	Reported Activities	Planned Activities	Comment/Initials
Day 1A				
Day 1B				
Day 2A				
Day 2B				
Day 3A				
Day 3B				
Day 4A				
Day 4B				
Day 5A				
Day 5B				
Day 6A				
Day 6B				
Day 7A				
Day 7B				
Day 8A				
Day 8B				
Day 9A				
Day 9B				
Day 10A				
Day 10B				
Day 11A				
Day 12A				
Day 12B				
Day 13A				
Day 13B				
Day 14A				
Day 14B				
Day 15A				
Day 15B				
Day 16A				
Day 16B				
Day 17A				
Day 17B				
Day 18A				
Day 18B				
Day 19A				
Day 19B				
Day 20A				
Day 20B				
Day 21A				
Day 21B				

Initials	Signature	Initials	Signature